

UNITED STATES DISTRICT COURT

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for the

District of Alaska

Division

OCT 12 2023

CLERK, U.S. DISTRICT COURT
ANCHORAGE, AK

DION KIRK HUMPHREY

Case No. 3:22-cv-00009-JMK

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

RENEE STRAUBE, Protective Service Specialist 1;
JULIETTE ROSADO, MS Clinical Therapist; ALASKA
OFFICE OF CHILDREN SERVICES; and NORTHSTAR
BEHAVIOR HEALTH

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Jury Trial: (check one) ☒ Yes ☐ No

Second
AMENDED

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

| | | | |
|------------------|---------------------------|--------------|-----------------|
| Name | DION KIRK HUMPHREY | | |
| Address | 7411 Woburn Circle APT #3 | | |
| | Anchorage | AK | 99502 |
| | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| County | (907) 342-7036 | | |
| Telephone Number | | | |
| E-Mail Address | dion98225@gmail.com | | |

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

| | | | |
|---|---|--------------|-----------------|
| Name | STATE OF ALASKA OFFICE OF CHILDREN SERVICES | | |
| Job or Title <i>(if known)</i> | | | |
| Address | 323 E 4th Ave | | |
| | Anchorage | AK | 99501 |
| | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| County | | | |
| Telephone Number | (907) 269-4000 | | |
| E-Mail Address <i>(if known)</i> | | | |
| <input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity | | | |

Defendant No. 2

| | | | |
|---|-------------------------|--------------|-----------------|
| Name | RENEE STRAUBE | | |
| Job or Title <i>(if known)</i> | Protective Specialist 1 | | |
| Address | 323 E 4th Ave | | |
| | Anchorage | AK | 99502 |
| | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| County | | | |
| Telephone Number | (907) 269 -4000 | | |
| E-Mail Address <i>(if known)</i> | | | |
| <input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity | | | |

Defendant No. 3

Name

NORTHSTAR BEHAVIOR HEALTH

Job or Title (if known)

Address

2530 Debarr Rd

Anchorage

AK

99508

City

State

Zip Code

County

Telephone Number

(907) 258-7575

E-Mail Address (if known)

☒ Individual capacity
 ☒ Official capacity

Defendant No. 4

Name

JULIETTE ROSADO

Job or Title (if known)

Address

2530 Debarr Rd

Anchorage

AK

99508

City

State

Zip Code

County

Telephone Number

(907) 258-7575

E-Mail Address (if known)

☒ Individual capacity
 ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
- ☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Title 18 USC Section 242 and "FAMILIAL INTEGRITY" Due Process Violation of the Fourteenth Amendment

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

-
- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
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III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?
State of Alaska Office of Children Services and Northstar Behavior Health ANCHORAGE ALASKA
-

- B. What date and approximate time did the events giving rise to your claim(s) occur?
October 7, 2021
-

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

ROSADO employed by Northstar Behavior Health "unlawfully" communicated with OCS/STRAUBE by "joint participation" in a TDM meeting "prior" to the Superior Court "unsubstantiated" emergency custody order which "misrepresented" the truth of Physical abuse and Neglect in the finding of probable cause resulting in the loss of custody of E.H for seven months depriving Plaintiff and son of their fundamental constitutional and statutory rights. see Exhibits B,C and D

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Plaintiff received Mental Anguish and Emotional Distress to not financially afford needed medical treatment and Plaintiff's son EH is presently receiving Mental Health Counseling

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

NOMINAL DAMAGES: \$7 Million

- 1). Vindicate any deprivation of Humphrey Family U.S Constitutional Guarantees
- 2). The Defendant(s) acted under the "Color of Law" as officers of a local Governmental entity.
- 3). Humphrey(father/son) had been deprived of the Constitutional Right to Due Process.
- 4). That the Defendant(s) subjected and caused Humphrey(father/son) to the deprivation.

COMPENSATORY and GENERAL DAMAGES: \$7 Million

- 1). Guarantee Humphrey(father/son) the feelings of just treatment by the Government.
- 2). Protect Humphrey(father/son) against the mistaken or unjustified deprivation of life and liberty.
- 3). Would redress other U.S Constitutional Guarantees however remained unresolved.

PUNITIVE DAMAGES: \$7 Million

- 1). Malicious intentions to deprive Humphrey(father/Son) of their Due Process.
-

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

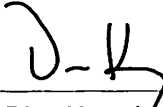
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/04/2023

Signature of Plaintiff

Printed Name of Plaintiff


Dion Humphrey

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address